

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 21 1936

5921

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Gov Primary Registration District No. 1002
City Kansas City No. 2C General Hosp St. _____ Ward _____
2. FULL NAME Walter Merchant
(a) Residence, No. 1230 Forest St. _____ Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1873
7. AGE YEARS 62 MONTHS 6 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
13. NAME Joseph Merchant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Reverend Clerk (ADDRESS) 42 Gen Hosp
18. BURIAL, CREMATION, OR REMOVAL PLACE Gravesfield, Mo DATE 2-12 1936
19. UNDERTAKER (ADDRESS) W. H. Brown
20. FILED 7/11 1936 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-12 1935 to 2-11 1936
I last saw him alive on 2-11 1936 Death is said to have occurred on the date stated above, at 8:00 am
The principal cause of death and related causes of importance were as follows:
Generalized Carcinomatosis, primary undetermined
Date of onset _____
Other contributory causes of importance: 53
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. H. Brown, M. D.
(Address) 42 Gen Hosp

